

Significant Legislative Rule Analysis

WAC 246-919-421 through -470
a Rule Concerning Renewal and CME
Requirements

January 2016

SECTION 1:

Describe the proposed rule, including a brief history of the issue, and explain why the proposed rule is needed.

The proposal revises WACs 246-919-421 through -470 concerning continuing medical education (CME) requirements for licensed allopathic physicians. The current rules require physicians to complete 200 hours of CME every four years, unless they fall into one of three specific categories: (1) obtaining a Physician's Recognition Award from the American Medical Association; (2) obtaining a certificate from a specialty board approved by the American Board of Medical Specialties which is considered by the specialty board to be equivalent to 200 hours of CME; or (3) becoming certified by a specialty board within the four-year renewal cycle.

The proposed revision would change the second exemption to (1) encourage physicians to participate in maintenance-of-certification programs with their specialty boards, and (2) reflect the current practice of specialty boards. Specialty boards have addressed the need for continuing competence by developing maintenance-of-certification programs. Maintenance-of-certification programs consist of self-assessment, assessment of knowledge and skills, and demonstrating performance in practice. They are believed to be more effective than the traditional CME model. Also, since specialty boards do not issue certificates of CME equivalence, the rule is out of date.

The proposed revisions also include dividing WAC 246-919-421 into two parts, creating a new section, WAC 246-919-422. The revision moves a provision concerning fees for individuals transitioning from a residency license to a full license from WAC 246-919-421 into the new section, WAC 246-919-422. The proposed amendments also make technical edits to eliminate redundancy and improve readability.

SECTION 2:

Is a Significant Analysis required for this rule?

Yes, as defined in RCW 34.05.328, the proposed rules require a significant analysis.

SECTION 3:

Clearly state in detail the general goals and specific objectives of the statute that the rule implements.

The rule implements the general goals and specific objectives of the authorizing statute, chapter 18.71 RCW. RCW 18.71.002 states the purpose of the Commission is to regulate the competency and quality of professional health care providers under its jurisdiction by establishing, among other things, continuing competency mechanisms. The proposal meets the intent of the statute by encouraging physicians to participate in maintenance-of-certification programs with their specialty boards by exempting them from the current CME requirement. The goal of

maintenance-of-certification programs is to improve physician competence by facilitating physician participation in learning activities that are relevant to their daily practice and improve performance and patient outcomes.

SECTION 4:

Explain how the department determined that the rule is needed to achieve these general goals and specific objectives. Analyze alternatives to rulemaking and the consequences of not adopting the rule.

Currently, WAC 246-919-430 requires physicians to complete 200 hours of CME every four years, unless they fall into one of three specific categories as stated above. The proposed amendments encourage physicians to ensure continuing competency by participating in maintenance-of-certification programs. The proposed amendments also changes one of the exemptions to fit the current practice of the specialty boards. Specialty boards do not issue a certificate of CME equivalence. Specialty boards now have maintenance-of-certification programs. The rule needs to be changed to be consistent with the current practice of specialty boards.

There is no alternative to rule-making. The current rule is out of date. The consequence of not adopting a rule is that the rule will contain an exemption that no longer exists, and it will require physicians who engage in maintenance-of-certification programs with their specialty boards to also have to complete 200 hours of CME.

SECTION 5:

Explain how the department determined that the probable benefits of the rule are greater than the probable costs, taking into account both the qualitative and quantitative benefits and costs and the specific directives of the statute being implemented.

There are no costs resulting from the proposed amendments. The proposal merely exempts physicians who participate in a maintenance-of-certification program with their specialty board from the requirement to take 200 hours of CME every four years. The benefits of the rule is that is encourages physicians to participate in maintenance-of-certification programs, which enhance physician competence, and increase patient safety.

SECTION 6:

Identify alternative versions of the rule that were considered, and explain how the department determined that the rule being adopted is the least burdensome alternative for those required to comply with it that will achieve the general goals and specific objectives state previously.

The Commission initially considered imposing specific requirements for physicians to meet continuing competency requirements, but decided that a less burdensome approach would be to exempt physicians from the CME requirement if they participate in maintenance-of-certification program with their specialty board. This approach encourages physicians to participate in maintenance-of-certification programs rather than imposing requirements on physicians. This is the least burdensome approach. It achieves the goal stated in RCW 18.71.002 to establish continuing competency mechanisms.

SECTION 7:

Determine that the rule does not require those to whom it applies to take an action that violates requirements of another federal or state law.

The proposed amendments do not require physicians to take an action that violates requirements of federal or state law. The proposed amendments merely exempt physicians from the CME requirements if they participate in a maintenance-of-certification program.

SECTION 8:

Determine that the rule does not impose more stringent performance requirements on private entities than on public entities unless required to do so by federal or state law.

The proposed amendments do not impose more stringent performance requirements on private entities than on public entities. All Washington State licensed allopathic physicians may participate in a maintenance-of-certification program and be exempt from the CME requirements regardless of whether they work in private practice or for a public entity.

SECTION 9:

Determine if the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, determine that the difference is justified by an explicit state statute or by substantial evidence that the difference is necessary.

The proposed amendments do not differ from any federal regulation or statute applicable to the same activity or subject matter.

SECTION 10:

Demonstrate that the rule has been coordinated, to the maximum extent practicable, with other federal, state, and local laws applicable to the same activity or subject matter.

The proposed rule is coordinated to the maximum extent practicable with other applicable laws, including current allopathic physician law under chapter 18.71 RCW.